

**RHODE ISLAND SUPREME COURT**  
**APPLICATION FOR LIMITED LIABILITY ENTITY LICENSE**  
**ART. II, RULE 10**



*A limited liability entity may not engage in the practice of law unless and until it applies to and receives from this court a license to operate as a limited liability entity and only so long as such license remains in good standing. Art. II, Rule 10(c).*

**Section A. General Information.**

Applicant/Authorized Representative: \_\_\_\_\_

Legal Name of Entity: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Entity Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Entity State of Incorporation: \_\_\_\_\_ Total number of Practicing Attorneys\*: \_\_\_\_\_

*\*Use the total number of attorneys practicing law on behalf of the entity to calculate the amounts of insurance required by G.L. §§ 7-5.1-8, 7-12-58, and 7-16-3.3.*

**Section B. Entity Name.** *The limited liability entity name shall contain the name of one or more of its attorneys practicing law on behalf of the entity except that the entity name may include the names of deceased or retired attorneys once associated with the entity and the entity may use the name of a predecessor law firm that has been in continuous operation. Art. II, Rule 10(j). The use of trade names, assumed names, fictitious names, or any name this is misleading as to the identity of the attorney or attorneys employed by the entity in the practice of law is prohibited. Art. II, Rule 10(j).*

**Section C. Type of Limited Liability Entity.** *Check appropriate type of limited liability entity.*

- ☐ Professional Service Corporation *(Provide information for shareholders, directors and officers below)*  
☐ Limited Liability Partnership *(Provide information for partners below)*  
☐ Limited Liability Company *(Provide information for managers and members below)*

Name	Business Address including Email	Date and State of Bar Admission

**Section D. Local Attorneys.** *The following attorney(s) will practice law in Rhode Island through the limited liability entity:*

Name	Business Address including Email	Rhode Island Bar #	Relationship
			<input type="checkbox"/> Partner <input type="checkbox"/> Associate <input type="checkbox"/> Other*
			<input type="checkbox"/> Partner <input type="checkbox"/> Associate <input type="checkbox"/> Other*
			<input type="checkbox"/> Partner <input type="checkbox"/> Associate <input type="checkbox"/> Other*
			<input type="checkbox"/> Partner <input type="checkbox"/> Associate <input type="checkbox"/> Other*

*\*If "other" please describe the relationship between the local attorney and the entity.*

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**Section E. Documentation.** Please check below to indicate that copies of the following required documents are attached.

- ☐ Limited Liability Entity Charter filed with the Rhode Island Secretary of State within thirty (30) days of submitting this application.
- ☐ Certificate of Registration from the Rhode Island Secretary of State.
- ☐ Insurance Certificate.
- ☐ Certificate of Good Standing from each jurisdiction where the entity is licensed to practice law.

**Section F. Other Practice of Law.** Does any individual associated with this entity practice law on behalf of another incorporated or a separate unincorporated law firm? ☐ Yes ☐ No

If yes, please state the entity name and address and indicate when prior written approval of the Supreme Court was obtained.

Entity Name and Address	Date of Approval

**Section G. Names and Subsidiaries.** Is the entity registered in this or any other jurisdiction to practice law under a different name than that listed in Section A.? ☐ Yes ☐ No

If yes, please provide detailed information about the additional entity name:

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Please list the names of all subsidiaries or parent companies affiliated with the entity applicant.

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**Section H. Fitness review.**

1. Have the attorneys employed by or associated with the entity or related entities ever been disbarred, suspended, reprimanded, censured or otherwise disciplined? ☐ Yes ☐ No

If yes, please attach detailed information about each instance giving rise to the disciplinary action.

2. Have any charges or complaints, formal or informal, been made or filed or proceedings instituted against the entity or related entities and/or the attorneys practicing law on behalf of the entity or related entities? ☐ Yes ☐ No

If yes, please attach detailed information about the charges and/or complaints and how each was resolved.

3. Has the entity or related entities ever been the subject of any litigation relating to its practice of law in this or in any other jurisdiction? ☐ Yes ☐ No

If so, please attach detailed information about the litigation and its status.

4. Has the authority of the entity or related entities to conduct business in this or any other jurisdiction ever been revoked or suspended? ☐ Yes ☐ No

If so, please attach detailed information about the revocation or suspension and its status.

5. Has the entity or related entities ever applied for and been refused the authority to practice law in this or any other jurisdiction? ☐ Yes ☐ No

If yes, please attach detailed information about denial of the application.

**Section I. Verification.** I certify that the information contained in this Limited Liability Entity License Application is correct as of this date. I agree to notify the Clerk of the Rhode Island Supreme Court within thirty (30) days of any amendments to the limited liability entity or of any change of the facts set forth herein.

Applicant/Authorized Representative Name	Title	/ /	Date
			LLEA 12/12